PAGE 1 / 14

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	_	uthorized Com	mittee		Offi	ice Use Only
NAME OF COMMITTEE (in fu	TYPE OR PRINT		ample: If typing er the lines.	, type	12FE4M5	
Lonegan for Cor	ngress					1
ADDRESS (number and	5 Halifax Ct					
Check if differ than previousl reported. (ACC	y Marlton				NJ 0805	53
2. FEC IDENTIFICA	TION NUMBER ▼	CITY ▲		5	STATE A	ZIP CODE
C C00555284		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT NJ 03 □
July 15 Q October 1 X January 3	, ,	Election on	Primary (12P) Convention (12 M M / T-Election Report General (30G)	2C) Ort for the:	General (12G) Special (12S) Y Y Y Y Runoff (30R)	Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	M M M / D D /	Y Y Y Y Y 2015	through	M M 12	/ D D / Y	2015
-	mined this Report and to	-	owledge and be	elief it is tru	ue, correct and co	mplete.
Type or Print Name of Signature of Treasurer NOTE: Submission of fal	Elizabeth Curtis		[Electronically Fi		ate 01 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Use Only					F	FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 14

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

10 12 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 79228.45 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 4200.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 75028.45 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 43.04 84392.99 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 43.04 84392.99 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 342452.23 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Lonegan for Congress

Report Covering the Period: From: 10 01 2015 To: 12 31 2015

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. (CONTRIBUTIONS (other than loans) FROM:			
((a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	25136.00	
	(ii) Unitemized	0.00	54092.45	
	(iii) TOTAL of contributions from individuals	0.00	79228.45	
((b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	79228.45	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	LOANS:			
	(a) Made or Guaranteed by the	0.00	0.00	
	Candidate	0.00		
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00	
	(add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	79228.45	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	43.04	84392.99
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	4200.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	4200.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	43.04	88592.99
	III. CASH S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	43.04
24	TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		43.04
26.	TOTAL DISBURSEMENTS THIS PERIOD (fr	om Line 22)	43.04
27 CASH ON HAND AT CLOSE OF REPORTING PERIOD			0.00

S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 5 OF 14 (check only one) X 17	
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and			person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Lonegan for Congress				
Α.	Full Name (Last, First, Middle Initial) Base Connect, Inc.			Date of Disbursement	
	Mailing Address 1155 15th St NW Suite 410			10 17 2015	
	City State Washington DC	Zip Code 20005		Amount of Each Disbursement this Period	
	Purpose of Disbursement Fundraising			33.06 Transaction ID : SB17.4836	
	Candidate Name Lonegan for Congress Office Sought: House Disbursement Fo	or: 2014	Category/ Type		
	Senate Primar President Other				
_	State: NJ District: 03 Full Name (Last, First, Middle Initial)				
В.	First Virginia Community Bank			Date of Disbursement	
	Mailing Address 11325 Random Hills Rd			10 D D / Y Y Y Y Y Y 2015	
	City State Fairfax VA	Zip Code 22030		Amount of Each Disbursement this Period	
	Purpose of Disbursement Fundraising			9.98 Transaction ID : SB17.4832	
	Candidate Name Lonegan for Congress		Category/ Type		
_	State: NJ District: 03				
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
	Mailing Address			M M / D D / Y Y Y	
	City State 2	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement				
	Candidate Name		Category/ Type		
	Office Sought: House Disbursement Formar Senate President Other				
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			43.04	

TOTAL This Period (last page this line number only).....

43.04

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

6 OF

×	13a
	13b

OANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.4502
onegan for Congress			
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)		Election: 2014
Steven Lonegan			Primary General
Mailing Address 212 Larch Ave			Other (specify)
City	State ZIP	Code	
Bogota	NJ 076	03	
Original Amount of Loan	Cumulative Payment	To Date Bal	ance Outstanding at Close of This Period
100000.00)	0.00	50000.00
TERMS Date Incurred	Date D	ue Interest Rat	re Secured:
M ₀₅ M / D ₀₉ D / Y 2014 Y	M M / D D /	^Y 12/31/2014 O.0	% (apr)
List All Endorsers or Guarantors (if	any) to Loan Source		Yes No
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	tate ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Si	tate ZIP Code	Guaranteed Outstanding:	9 1 9 1 9 1
CURTOTAL C. This Deviced This Deve (cont	:D		50000.00
SUBTOTALS This Period This Page (opt FOTALS This Period (last page in this ling)			50000.00
			7 7 7
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4502

(Current loan amount of 50000.00 from a balance of 100000.00 has been forgiven per candidate letter dated

11/24/2014)

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

×	13a
	13b

OANS		for each category of the Detailed Summary Page (check only one) 13a
AME OF COMMITTEE (In Fu	 .ll)	Transaction ID : SC/10.4499
onegan for Congres	S	
LOAN SOURCE Full Nan	ne (Last, First, Middle Initial)	Election: 2014
Steven Lonegan		X Primary General
Mailing Address 212 Larch Ave		Other (specify)
City	State Z	IP Code
Bogota	NJ (7603
Original Amount of Loan	Cumulative Paym	
	100000.00	0.00 100000.00
Date Incurr	ped Date	Popular Due Interest Rate Secured: 1
List All Endorsers or Gua	arantors (if any) to Loan Source	Yes No
1. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period Thi	s Page (optional)	100000.00
FOTALS This Period (last pa	ge in this line only)	······································
Carry outstanding balance o	nly to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X 13a

DANS		Detailed Summary Page	(crieck only one) 13a
AME OF COMMITTEE (In Full)		Transaction	on ID : SC/10.4501
onegan for Congress			
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial)		Election: 2014
Steven Lonegan			Primary General
Mailing Address 212 Larch Ave			Other (specify) \blacktriangledown
City	State ZIP C	ode	
Bogota	NJ 07603	3	
Original Amount of Loan	Cumulative Payment T	o Date Baland	ce Outstanding at Close of This Period
100000.00		0.00	100000.00
TERMS Date Incurred	Date Due	e Interest Rate	Secured:
M ₀₅ ^M / D ₂₃ / Y Ž014 Y		12/31/2014 O.00	% (apr) Yes No
List All Endorsers or Guarantors (if a	• *		100 110
1. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial))	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	yy
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	y
AND TOTAL OF THE POST OF THE P			
SUBTOTALS This Period This Page (option	onai)		100000.00
TOTALS This Period (last page in this line	e only)	······	250000.00
Carry outstanding balance only to LINE 3	3, Schedule D, for this line. It	f no Schedule D, carry forwa	ard to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 10 OF FOR LINE NUMBER: (check only one)

	9
X	10

NAME OF COMMITTEE (In Full)		
Lonegan for Congress		

Lonegan for Congress			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	I	ure of Debt (Purpose): undraising
Base Connect, Inc.			· ·
Mailing Address 1155 15th St NW Suite 410			
City State	Zip Code		
Washington	DC 20005		
Outstanding Balance Beginning This Period		Tr	ansaction ID : SD10.4539
5725.37			
Amount Incurred This Period	Payment This Period	d O	utstanding Balance at Close of This Period
0.00		0.00	5725.37
3.00	7 7	0.00	3720.01
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nat	ure of Debt (Purpose):
Base Connect, Inc.			ndraising
Mailing Address 1155 15th St NW Suite 410			
City State	Zip Code		
Washington	DC 20005		
Outstanding Balance Beginning This Period		Tr	ansaction ID : SD10.4524
30605.27			
9 9 9			
Amount Incurred This Period	Payment This Period	O	utstanding Balance at Close of This Period
0.00	7 7	0.00	30605.27
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nat	ure of Debt (Purpose):
Consolidated Mailing Services			ındraising
Mailing Address 504 Shaw Rd Suite 206			
City	State Zip Code		
Sterling	VA 20166		
Outstanding Balance Beginning This Period		Т	ransaction ID : SD10.4541
225.62			
7 7 7			
Amount Incurred This Period	Payment This Period	i O	utstanding Balance at Close of This Period
0.00	7 7	0.00	225.62
•		Г	20552.00
1) SUBTOTALS This Period This Page (optional)			36556.26
2) TOTALS This Period (last page this line number	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last pa	ge only)	

(Use separate schedule(s) for each

PAGE 11 OF FOR LINE NUMBER: (check only one)

:		
		9
	X	10

14

xcluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)				
Lonegan for Congress				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Deb	ot (Purpose):
Consolidated Mailing Services			Fundraising	
Mailing Adalasa				
Mailing Address 504 Shaw Rd Suite 206				
City State	Zip Code			
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transaction	ID : SD10.4552
5769.48				
7				
Amount Incurred This Period	Paym	nent This Period	Outstanding	Balance at Close of This Period
0.00		0.0	0	5769.48
	,			, ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Dek	ot (Purpose):
Consolidated Mailing Services			Fundraising	
Mailing Address 504 Shaw Rd				
Mailing Address 504 Shaw Rd Suite 206				
City State	Zip Code			
Sterling	VA	20166		
Outstanding Balance Beginning This Period			Transaction	ID : SD10.4555
5532.90				
9 9	D	and This Build	O data di	Delegand Olegan of This Desired
Amount Incurred This Period	Paym	nent This Period	Outstanding	Balance at Close of This Period
0.00		0.0	0	5532.90
0.5.11.01	0 111	ŕ	1	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Deb Fundraising	ot (Purpose):
Consolidated Mailing Services				
Mailing Address 504 Shaw Rd				
Suite 206				
City	State	Zip Code		
Sterling	VA	20166		ID 40.4.
Outstanding Balance Beginning This Period			iransactio	n ID : SD10.4583
9421.05				
Amount Incurred This Period	Pavm	nent This Period	Outstanding	Balance at Close of This Period
0.00		0.0		9421.05
0.00	7	0.0	,,,	9421.03
1) SUBTOTALS This Period This Page (optional)				20723.43
., color mar and mar age (optional)			_ ====	
2) TOTALS This Period (last page this line number of	only)		. •	, ,
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	y)	· -	
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page onl	y) ►	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 12 OF FOR LINE NUMBER: (check only one)

	9
X	10

14

NAME OF COMMITTEE (In Full)

onegan for Congress				
A. Full Name (Last, First, Middle Initial) of Debto Consolidated Mailing Services	or or Creditor			Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206				-
City State	Zip Code			1
Sterling	VA	20166		
Outstanding Balance Beginning This Period 14548.45				Transaction ID : SD10.4811
Amount Incurred This Period	Pavr	ment This Period		Outstanding Balance at Close of This Period
0.00	,		0.00	14548.45
B. Full Name (Last, First, Middle Initial) of Debto Integram	r or Creditor			Nature of Debt (Purpose): Fundraising
Mailing Address 22695 Commerce Center Ct				_
City State	Zip Code	00400		
Dulles	VA	20166		
Outstanding Balance Beginning This Period 7661.09				Transaction ID : SD10.4548
9 9 9				
Amount Incurred This Period	Payr	ment This Period		Outstanding Balance at Close of This Period
0.00			0.00	7661.09
C. Full Name (Last, First, Middle Initial) of Debte Legacy Lists Inc - Brokerage	or or Creditor			Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410				-
City Washington	State DC	Zip Code 20005		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4514
1199.54				
	D	t This Davis d		Outstanding Delayers at Class of This Devised
Amount Incurred This Period	Payr	ment This Period	1	Outstanding Balance at Close of This Period
0.00	7	7	0.00	1199.54
SUBTOTALS This Period This Page (optional)			>	23409.08
TOTALS This Period (last page this line number	only)		>	
TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ly)	>	
ADD 2) and 3) and carry forward to appropriate	e line of Summa	ry Page (last page	only) ►	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 13 OF FOR LINE NUMBER: (check only one)

:		
		9
	X	10

14

NA

Lonegan for Congress				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage				Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410				
City State	Zip Code			
Washington	DC	20005		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4538
5793.47				
Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
0.00		, (0.00	5793.47
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
Legacy Lists Inc - Brokerage				Fundraising
Mailing Address 1155 - 15th Street NW Suite 410				
City State Washington	Zip Code DC	20005		
Outstanding Balance Beginning This Period				Transaction ID: SD10.4547
1813.69				
Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
0.00		(0.00	1813.69
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose): Fundraising
Legacy Lists Inc Mgmt				. analalong
Mailing Address 1155- 15th St NW				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4535
1884.93				
Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
0.00	7		0.00	1884.93
SUBTOTALS This Period This Page (optional)			>	9492.09
TOTALS This Period (last page this line number of				
TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ıly)	>	
ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page c	only) ►	

Exc

(Use separate schedule(s) for each

PAGE 14 OF FOR LINE (check only

NUMBER:	_			
one)			9	
	- 1	×	10	

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)				
Lonegan for Congress				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
Legacy Lists Inc Mgmt			Fundraising	
Mailing Address 1155-15th St NW				
City State	Zip Code			
Washington	DC	20005		
Outstanding Balance Beginning This Period			Transactio	n ID : SD10.4540
2271.37				
7				
Amount Incurred This Period	Paymen	This Period	Outstandin	g Balance at Close of This Period
0.00		0.0	00	2271.37
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
				(- (-)
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
y				
Amount Incurred This Period	Paymen	This Period	Outstandin	g Balance at Close of This Period
	,			, , , , , , , , , , , , , , , , , , , ,
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
A Street Address				
Mailing Address				
City	State Z	ip Code		
Outstanding Balance Beginning This Period				
9 9 9 9 9				
Amount Incurred This Period	Paymen	This Period	Outstandin	g Balance at Close of This Period
7 7 7 7	7	7		, , , , , , , , , , , , , , , , , , , ,
1) SUBTOTALS This Period This Page (optional)				2271.37
i, Cobioines filis relion filis rage (optiofial)				7
2) TOTALS This Period (last page this line number	only)		<u> </u>	92452.23
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)		. •	250000.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary P	age (last page onl	y) >	342452.23